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Manifest left midseptal accessory pathway masquerading posteroseptal accessory pathway

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Atrioventricular accessory pathway in the left midseptal region is least common of all atrioventricular pathways. Here we report a case of manifest left midseptal accessory pathway with preexcited atrial fibrillation. Delta wave polarity during sinus rhythm suggested a manifest posteroseptal accessory pathway. Mapping of the left midseptal area demonstrated earliest local ventricular activation preceding the onset of delta wave by 35 ms, where delivery of radiofrequency energy abolished the bypass tract. The patient remained symptom-free and there was no ventricular preexcitation 22 months after the procedure.

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Two cases of Implantation of permanent pacemaker via transaxillary incision

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Permanent pacemakers are implanted transvenously through a subclavian or axillary venous catheterization or cephalic vein cutdown. Scar on the pectoral area is a serious cosmetic problem especially in young women. We report permanent pacemaker implantation via transaxillary incision in two young women with symptomatic (syncope) bradycardia. Both patients recovered uneventfully and are asymptomatic for 16 and 12 months after the procedure, respectively. Implantation of pacemakers via transaxillary incision provide excellent cosmetic results and it should be considered in case of implantation of cardiac rhythm device in young women